County: Waupaca LAKEVIEW MANOR

E5406 COUNTY TRUNK AA

WEYAUWEGA 54983 Phone: (920) 867-2183	3	Ownershi p:	County
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	61	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/01):	61	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	53	Average Daily Census:	53

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	81/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	39. 6
Supp. Home Care-Personal Care	No					l - 4 Years	18. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	0. 0	Under 65	9.4	More Than 4 Years	41. 5
Day Services	No	Mental Illness (Org./Psy)	64. 2	65 - 74	15. 1		
Respite Care	No	Mental Illness (Other)	34. 0	75 - 84	47. 2		100. 0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0. 0	85 - 94	22. 6	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	5. 7	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 0	ĺ		Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	0.0	65 & 0ver	90. 6		
Transportati on	No	Cerebrovascul ar	0. 0	'		RNs	13. 6
Referral Service	No	Di abetes	1. 9	Sex	% j	LPNs	9. 6
Other Services	No	Respi ratory	0. 0		j	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	0. 0	Male	30. 2	Aides, & Orderlies	49. 2
Mentally Ill	Yes			Female	69.8		
Provi de Day Programming for	j		100.0		j		
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19			0ther]	Pri vate Pay	;		amily Care			anaged Care	l		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	0f
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0
Skilled Care	0	0.0	0	45	100.0	106	0	0.0	0	8	100.0	132	0	0.0	0	0	0.0	0	53	100. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		45	100.0		0	0.0		8	100.0		0	0.0		0	0.0		53	100.0

County: Waupaca LAKEVIEW MANOR

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti o	ns, Services, a	and Activities as of 12/	/31/01
beachs builing kepoliting lellou				%	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	3. 7	Daily Living (ADL)	Independent	One 0:	r Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	11.3		34. 0	54. 7	53
Other Nursing Homes	33. 3	Dressing	26. 4		24. 5	49. 1	53
Acute Care Hospitals	48. 1	Transferring	41. 5		43. 4	15. 1	53
Psych. HospMR/DD Facilities	11. 1	Toilet Use	26. 4		28. 3	45. 3	53
Rehabilitation Hospitals	0.0	Eati ng	58 . 5		18. 9	22. 6	53
Other Locations	3. 7	**************	*********	******	******	********	******
Total Number of Admissions	27	Continence		%	Special Treatme		%
Percent Discharges To:		Indwelling Or Externa		0. 0		spi ratory Care	0. 0
Private Home/No Home Health	0.0	Occ/Freq. Incontinent	of Bladder	75. 5	Receiving Tra	acheostomy Care	0. 0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	56 . 6	Receiving Suc	cti oni ng	0. 0
Other Nursing Homes	12. 0				Receiving Ost	tomy Care	1. 9
Acute Care Hospitals	8. 0	Mobility			Recei vi ng Tul	be Feeding	0. 0
Psych. HospMR/DD Facilities	8. 0	Physically Restrained	Į.	7. 5	Receiving Med	chanically Altered Diets	56.6
Rehabilitation Hospitals	0.0						
Other Locations	0.0	Skin Care			Other Resident	Characteri sti cs	
Deaths	72. 0	With Pressure Sores		7. 5	Have Advance	Di recti ves	84. 9
Total Number of Discharges		With Rashes		13. 2	Medi cati ons		
(Including Deaths)	25	ĺ			Receiving Psy	ychoactive Drugs	84. 9

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

	Ownership: This Government Facility Peer Group		ershi p:	ship: Bed Size:			ensure:		
			ernment	50	- 99	Ski	lled	Al l	
			Peer	Group	Peer	Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Rati o
Occupancy Rate: Average Daily Census/Licensed Beds	86. 9	84. 8	1. 02	86. 4	1. 01	85. 8	1. 01	84. 6	1. 03
Current Residents from In-County	60. 4	58. 7	1. 02	69. 6	0. 87	69. 4	0. 87	77. 0	0. 78
Admissions from In-County, Still Residing	63. 0	27. 8	2. 27	19. 9	3. 17	23. 1	2. 72	20. 8	3. 03
Admi ssi ons/Average Daily Census	50. 9	58. 7	0. 87	133. 4	0. 38	105. 6	0. 48	128. 9	0. 40
Di scharges/Average Daily Census	47. 2	61. 8	0. 76	132. 0	0. 36	105. 9	0. 45	130. 0	0. 36
Discharges To Private Residence/Average Daily Census	0. 0	18. 7	0. 00	49. 7	0. 00	38. 5	0. 00	52. 8	0. 00
Residents Receiving Skilled Care	100	84. 8	1. 18	90. 0	1. 11	89. 9	1. 11	85. 3	1. 17
Residents Aged 65 and Older	90. 6	87. 6	1. 03	94. 7	0. 96	93. 3	0. 97	87. 5	1. 04
Title 19 (Medicaid) Funded Residents	84. 9	79.8	1.06	68. 8	1. 23	69. 9	1. 21	68. 7	1. 24
Private Pay Funded Residents	15. 1	16. 3	0. 92	23. 6	0. 64	22. 2	0. 68	22. 0	0. 69
Developmentally Disabled Residents	0. 0	0.8	0.00	1. 0	0.00	0.8	0.00	7. 6	0.00
Mentally Ill Residents	98. 1	50.0	1. 96	36. 3	2. 70	38. 5	2. 55	33. 8	2. 90
General Medical Service Residents	0.0	17.8	0.00	21. 1	0.00	21. 2	0.00	19. 4	0.00
Impaired ADL (Mean)	52. 8	43.4	1. 22	47. 1	1. 12	46. 4	1. 14	49. 3	1. 07
Psychological Problems	84. 9	61.6	1. 38	49. 5	1.71	52. 6	1.61	51. 9	1. 64
Nursing Čare Required (Mean)	9. 9	8. 4	1. 17	6. 7	1. 47	7.4	1. 33	7. 3	1. 35